

OFFENDER / ARRESTEE INFORMATION

OFFENDER / ARRESTEE INFO	Offender Name: (Last, First, Middle)				# of Offenders	Height	Weight	Hair	Eyes	
	Residence Address (Street, Apt, City, State, Zip)				DOB	Age: <input type="checkbox"/> Juv <input type="checkbox"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
	Home Phone	Alternate Phone	<input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Pager <input type="checkbox"/> Relative	Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	<input type="checkbox"/> Indian				
	Alias: (Last, First, Middle)			Alias DOB	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					
	SSN	Place of Birth (City, State, Country)			DL# / ID Card #	State				
Resides in Jurisdiction Status: (<input checked="" type="checkbox"/> one) <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown										
SMTI	Location	Tattoo	Scar	Piercing	Birthmark	Description				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed				
CONTACT INFO	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Maiden Name Spouse / Other					
	Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Other _____				Parents' Status <input type="checkbox"/> Together <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased					
	Current School				Grade					
	Current Employer	Name	Address		Phone	Occupation				
ARREST AND WEAPONS INFO	Multiple Clearance Indicator: <input type="checkbox"/> M - Multiple <input type="checkbox"/> C - Count Arrestee <input type="checkbox"/> N - Not Applicable									
	Arrest Type <input type="checkbox"/> A - Attempted to Arrest / Contact <input type="checkbox"/> S - Summoned / Cited <input type="checkbox"/> T - Taken into Custody <input type="checkbox"/> O - On View Arrest									
	Charge1	<input type="checkbox"/> PTAC <input type="checkbox"/> Attempt <input type="checkbox"/> 1000 ft School	Ord./Stat. #	<input type="checkbox"/> Ordin. <input type="checkbox"/> Misd. <input type="checkbox"/> Felony <input type="checkbox"/> Jail <input type="checkbox"/> DA Ref <input type="checkbox"/> Juv Intk <input type="checkbox"/> App Req	Records Only					
	Charge2	<input type="checkbox"/> PTAC <input type="checkbox"/> Attempt <input type="checkbox"/> 1000 ft School	Ord./Stat. #	<input type="checkbox"/> Ordin. <input type="checkbox"/> Misd. <input type="checkbox"/> Felony <input type="checkbox"/> Jail <input type="checkbox"/> DA Ref <input type="checkbox"/> Juv Intk <input type="checkbox"/> App Req						
	Charge3	<input type="checkbox"/> PTAC <input type="checkbox"/> Attempt <input type="checkbox"/> 1000 ft School	Ord./Stat. #	<input type="checkbox"/> Ordin. <input type="checkbox"/> Misd. <input type="checkbox"/> Felony <input type="checkbox"/> Jail <input type="checkbox"/> DA Ref <input type="checkbox"/> Juv Intk <input type="checkbox"/> App Req						
	Charge4	<input type="checkbox"/> PTAC <input type="checkbox"/> Attempt <input type="checkbox"/> 1000 ft School	Ord./Stat. #	<input type="checkbox"/> Ordin. <input type="checkbox"/> Misd. <input type="checkbox"/> Felony <input type="checkbox"/> Jail <input type="checkbox"/> DA Ref <input type="checkbox"/> Juv Intk <input type="checkbox"/> App Req	UCR Codes					
	Weapons: (<input checked="" type="checkbox"/> up to 3) <input type="checkbox"/> 11 Firearm <input type="checkbox"/> 15 Other Firearm <input type="checkbox"/> 35 Motor Vehicle <input type="checkbox"/> 65 Fire / Incendiary Device <input type="checkbox"/> 95 Unknown <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 16 Pellet / BB Gun <input type="checkbox"/> 40 Personal Weapons <input type="checkbox"/> 70 Drugs/Narcotics/Sleep. Pills <input type="checkbox"/> 99 None <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 20 Knife / Cutting Instrument <input type="checkbox"/> 50 Poison <input type="checkbox"/> 85 Asphyxiation <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 30 Blunt Object <input type="checkbox"/> 60 Explosives <input type="checkbox"/> 90 Other									
	If any weapon used was an AUTOMATIC, indicate numbers here: _____ / _____ / _____									
	P&P	Supervision by: (name) <input type="checkbox"/> Prob & Parole <input type="checkbox"/> Social Worker <input type="checkbox"/> Other _____ <input type="checkbox"/> Agent Notified								
	ACTION	0 <input type="checkbox"/> Business Summoned / Cited 3 <input type="checkbox"/> Referred to Juvenile Court 6 <input type="checkbox"/> Other								
1 <input type="checkbox"/> Handled Within Department and Released 4 <input type="checkbox"/> Referred to Criminal Court / Prosecution 7 <input type="checkbox"/> Disposition Information Not Avail										
SOLV	2 <input type="checkbox"/> Referred to Counseling or Social Service Agency 5 <input type="checkbox"/> Transferred / Turned Over to Other Police Agency									
	<input type="checkbox"/> (5) Suspect Named <input type="checkbox"/> (3) Reliable Witness <input type="checkbox"/> (2) Suspect ID'd <input type="checkbox"/> (2) Suspect Described <input type="checkbox"/> (2) Suspect Location <input type="checkbox"/> (2) Vehicle Described <input type="checkbox"/> (2) Ltd. Opportunity..Susp <input type="checkbox"/> (1) Signif. MO <input type="checkbox"/> (1) Traceable Property <input type="checkbox"/> (1) Useable Phys Evidence <input type="checkbox"/> (1) Susp Previously Seen				Total Solvability Factors					
GANGNET	Nickname <input type="checkbox"/> Member <input type="checkbox"/> Associate Member Gang Name Associate Name Associate DOB				Criteria Met to Identify as Gang Member <input type="checkbox"/> Self Admits <input type="checkbox"/> Name is on gang document <input type="checkbox"/> Gang Tattoos <input type="checkbox"/> Gang Clothes / Symbols <input type="checkbox"/> Arrested w/ gang members <input type="checkbox"/> ID'd by Reliable Source <input type="checkbox"/> In Photo w/ gang members <input type="checkbox"/> Corresponds w/ gang members <input type="checkbox"/> Associates w/ members regularly <input type="checkbox"/> Writings, Graffiti, Notebooks					
	Associated Veh. Info				Year	Make	Model	Color	Plate	Plate State
	Offender #	Offense #s	Corresponding Victim #		Case #					